DOCUMENT RESUME

ED 482 760 CG 032 755

AUTHOR	Deffenbaugh, Anne M.
TITLE	The House-Tree-Person Test with Kids Who Have Been Sexually Abused.
PUB DATE	2003-02-00
NOTE	17p.
PUB TYPE	Information Analyses (070)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	*Child Abuse; *Childrens Art; *Counseling Techniques; *Personality Traits; Psychological Evaluation; Psychometrics; *Sexual Abuse
IDENTIFIERS	*House Tree Person Projective Test

ABSTRACT

The House-Tree-Person test is based on the premise that unconscious aspects of the personality are exposed through the person's drawings of familiar items. Children who have experienced sexual abuse are often hesitant to respond to direct questioning about this experience. Researchers have studied the H-T-P to determine if these children produce discrete indicators of the abuse, however the test's validity and reliability have not been proven. Despite this lack of psychometric support, the test can be very valuable in providing general information about the child's personality and more importantly strengthen the professional relationship between child and counselor. (Contains 14 references.) (Author)

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The House-Tree-Person Test with Kids Who Have Been Sexually Abused

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February 2003

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Abstract

The House-Tree-Person test is based on the premise that unconscious aspects of the personality are exposed through the person's drawings of familiar items. Children who have experienced sexual abuse are often hesitant to respond to direct questioning about this experience. Researchers have studied the H-T-P to determine if these children produce discrete indicators of the abuse, however the test's validity and reliability have not been proven. Despite this lack of psychometric support, the test can be very valuable in providing general information about the child's personality and more importantly strengthen the professional relationship between the child and counselor.

The House-Tree-Person Test with Kids Who Have Been Sexually Abused

Disclosing sexual abuse, especially for children, is often difficult and painful, but a necessary step in providing for the child's safety and well-being. The House-Tree-Person (H-T-P) has been used with children who have been sexually abused with the objective of allowing the child to "tell" about the abuse without directly verbalizing the experience. This paper discusses the theory and incentive of using this projective test with this population, the studies completed on the test's validity and reliability, and the benefits of using this test.

History of H-T-P

Following Goodenough's Draw-A-Person (D-A-P) projective test, Buck introduced the House-Tree-Person (H-T-P) exam in 1948. The testing had two stages: a pencil drawing of all the items on one piece of paper and a post-drawing interview during which the examinee responded to specific questions posed by the examiner. Buck selected these items to be drawn because they were thought to be familiar to children and therefore children would be more willing to draw and discuss these objects, providing more verbal description during the post-interview. Like the D-A-P, Buck composed a quantitative scoring system to give points for the inclusion or non-inclusion of certain anatomical items, details included in the pictures, proportion of figures and objects, and perspective in the drawings. However, the H-T-P was developed to assess the examinee's personality (rather than intelligence) as evident in their sensitivity, maturity, flexibility, and degree of personal integration. (Buck,1948).

In the early 1970's, Jolles modified the test to have three phases with each of the items to be drawn on individual sheets of paper. After the house, tree, and person were drawn, the examiner asked a series of questions, and then had the examinee draw the items again, this time using color. Currently, the H-T-P is used frequently by clinician's in many variations: either the

pencil or chromatic version, grouping all the drawings on one sheet or individually, and kinetic or non-active drawings (Groth-Marnat, 1999).

Theoretical Basis of the H-T-P

Psychoanalytic theory provides the basis for the development of the H-T-P and other projective drawing tests. Per this theory, a person protects themselves from the judgment and inquiries of others or their own self-evaluation by using defenses and resistances. Projective tests claim to be able to bypass these defenses and provide an accurate view of the examinee's inner thoughts and subjective experience. Providing the examinee with a blank piece of paper to draw their own version of a familiar object is thought to be conducive for true expression of the person's thoughts and feelings. In making internal experiences visible and putting them onto an external object using their own hands, theorists believe the person exercises some control over the memories, images, and/or thoughts (Groth-Marnat, 1999). Putting the previously intangible ideas on paper separates the person from the subject and meaning of the drawing as well as the anxiety or negative feelings produced by them.

In addition to the psychoanalytic foundation upon which it was developed, drawing techniques are considered a play activity and therefore appropriate to use with children. Clinician's observations while the child is engaged in this form of play are helpful in gaining an overall understanding of the child's feelings and perspectives. Play, in this case drawing, is helpful in understanding how children manage conflict, cope with and express their inner feelings, perceptions, and fantasies. In addition to expressing these very subjective experiences, children also use play to share their memories and disclose abuse or trauma (Sadowski & Loesch, 1993). With both the psychoanalytic and play theories combined together, projective

drawing tests are thought to provide useful and hidden (both unintentionally and intentionally) information through a process which is non-threatening and familiar to the child.

Impetus for Using the H-T-P with Children Who Have Been Sexually Abused

As the projective drawing tests gained popularity, studies began to determine if specific elements were consistent in children's drawings based on their experiences. The motivation for seeking indicators of emotional problems or abuse stemmed from a need to identify the cause of the problem. The disclosure of sexual abuse is sometimes difficult to acquire directly from a child. Specifically, sexual abuse is known to be more prevalent than statistics show. Recent studies report that 5-15% of all males and 15-30% of all females have experienced some type of child sexual abuse. Law enforcement reports stated that children under 12 constitute about 50% of all victims of forced sodomy, sexual assault with an object, and forcible fondling. The reported cases of sexual abuse in 1998 totaled 103,845 with the actual number thought to be much higher (National Center for Victims of Crime, 2003). Children may not tell of abuse because of fear of punishment by the perpetrator, inability to verbalize the experience of what happened to them, or a need to disassociate themselves from the event and therefore deny its existence (West, 1998). They will most likely not respond positively to questionnaires or interviews about the topic. Sorensen & Snow suggest that the age of the child is another factor in their type and probability of disclosure. Children of preschool age (3-5 years old) are likely to accidentally tell an adult about the sexual abuse. Children of adolescent age (13-17) are more likely to tell on purpose out of anger, but those children in-between the ages 6-12 years old are least likely to tell in any direct, verbal manner about the abuse (1990). Once the abuse is discussed the proper interventions can begin. Because of the prevalence and negative effects of

sexual abuse on children, mental health professionals have strong incentive determine if a child has been or is being abused.

H-T-P Studies

Because of their popularity and potential benefit in clinical settings, many studies have been completed using projective drawing tests with abused children. Completed studies that distinguish abused from non-abused children by the characteristics in their drawings are numerous and most were done using the D-A-P test. Rather than summarizing each of the human figure studies, this paper will discuss some early clinical observations and studies of the H-T-P test, give an overview of the specific criticisms leveled at the studies done on projective drawings, and discuss the more recent attempts to create a quantifiable scoring system for the H-T-P.

Starting in the 1940's, studies were completed and clinical experiences were gathered to assemble a list of specific indicators in drawings to identify children who had emotional problems and/or had been abused. In the 1940's, Dr. Laura Bender worked with sexually abused children in a psychiatric clinic in New York City and found distinctive trends in their artwork. These similarities in drawings included houses colored or outlined with red and phallic-shaped chimneys and trees. These same indicators were recognized in a study completed by Cohen and Phelps over forty years later (1985). Although these coincidences of representations may be striking at first, especially considering the differences in time, the interpretations of objects as being phallic-shaped is based considerably in the subjectivity of the raters. Palmer, Farrar, Valle, Ghahary, Panella, & DeGraw criticized the most recent study for low interrater reliability (51.2% was the highest reliability found in the five different sites at which the test was administered), bringing the Cohen and Phelps' results into question (2000). Also, the colors selected by the

children to represent the houses could be influenced by many factors including the colors of pens provided and the types of homes with which they are most familiar (one would expect brick homes would be represented with red color).

The criticism against projective drawing studies claiming to find specific characteristics in drawings by kids who have been sexually abused versus those who have not has many elements. The most consistent and prevalent criticism is the lack of validity and reliability provided in the studies. In some cases, the sample group was the element of concern. The sample group was either too small to be considered significant, had not been randomly selected, or was comprised of children assumed not to have been abused because there were no medical or psychological files stating otherwise. A few of the studies did not provide sufficient descriptions of the procedures used to allow for repetition (Palmer et al., 2000). Often times, scoring systems differed from test to test, making meaningful comparisons even more difficult to make (Van Hutton, 1994). Without standardized, valid, and reliable test results, few if any specific conclusions can be made about the drawings of children who have been sexually abused in contrast to those who have not.

Beyond the issues of samples, reliability, and validity, some researchers have pointed out the problem of subjectivity on the part of the interpreter and the lack of complete information about the examinee and their circumstances. It has been suggested that interpreters often use their intuitive judgments when interpreting the drawings of children, rather than using proven scoring methods, even when they are available such as the D-A-P scoring method to assess cognitive development (Groth-Marnat, 1990). Hammer found that the interpretations of the examinee's drawing often related to the characteristics of the examiners. The more hostile examiners were more likely to interpret and score hostile indicators in the drawings they

reviewed (1997). A study completed by Feher, Vandercreek, & Teglasi focused on the factor of art quality as a determinant for distinguishing clinical patients from normals. Prior to their study, they completed a literature review of 10 studies that all suggested clinicians relied heavily on the quality of the art to discriminate between clinical versus non-clinical examinees. They developed their own study of the interpretations of 16 clinicians. The researchers gave 16 clinicians instructions that included a warning of the dangers of interpreting the drawings based primarily on the quality of the art. Their study found that all the clinicians selected the poor quality drawings as those completed by patients (1983). Although these are small samples of examiners, the results highlight the element of examiner subjectivity and its strong influence on the ratings of examinee's drawings.

Like the subjectivity of the examiner, the lack of information provided about the specific characteristics of the examinee and their circumstances is another component of these studies that has been viewed as lacking. The age, relative drawing skill and ability, testing situation, intelligence, and the child's experience with previous projective drawing tests must all be taken into consideration and standardized to begin to make reliable conclusions (Groth-Marnat, 1990). Another critique of the tests are that many of the interpretational manuals were developed during the late 1940's, used extensively during the 1960's, and had much of their supporting data and interpretations assembled by the 1980's. Some have suggested that the level of exposure children have to sexually explicit material is greater today as a result of sex education happening at an earlier age, pop culture, and more laidback parenting methods (Hagood, 1992). Although this statement is a theory that has yet to be proven, it seems reasonable to suggest that children today are exposed to more sexually explicit material than previous decades in television shows, Anime cartoons, and music videos. As with any test, but especially with projective drawing tests,

discussing the test with the examinee and gathering as much additional information is required to provide a more comprehensive and responsible interpretation.

Because of the criticism leveled against studies and the need to identify children who may have been or were currently being abused, Van Hutton developed an objective, quantitative scoring system for the H-T-P. Taking from the literature and previous tests, Van Hutton produced a scoring system for the H-T-P to evaluate the personality and emotional characteristics present in children who had been sexually abused. She developed four scales upon which the drawings were to be evaluated: preoccupation with sexually relevant concepts (SRC), aggression and hostility (AH), withdrawal and guarded accessibility (WGA), and alertness for danger, suspiciousness, and lack of trust (ADST) (1994).

The study consisted of 145 kids ages 7-11 from large urban cities, selected from schools and camps, with equal representation of males and females. The examiners administrated the H-T-P in pencil with all of the drawings on one piece of paper. Afterwards, the children took the D-A-P test on a separate sheet of paper. Both tests were administrated to allow more detail and attention to be given to the figural drawing in the D-A-P. Examiners kept an observation sheet during the drawings to make notes of the sequence in which the child worked, statements made, behaviors, and affect. After the completion of the drawings, the examiners who were trained using Van Hutton's system scored the drawings based on the specific questions provided for the four scales. The scoring sheets also provided a space for examiners to indicate their degree of certainty of their interpretation – low, medium, or high. The scores for each scale were totaled and converted to percentiles. Children with scores in the 84-94%ile were judged borderline with possible abuse and those in the 95-98%ile were determined significant scores and considered in the probable range of being sexually abused (1994).

Two raters were used to evaluate all of the drawings. The interrater reliability on each of the four scales was as follows: .96 SRC, .97 AH, .95 WGA, .70 ADST. With these results, Van Hutton determined the ADST scale should not be used for clinical interpretations and the SRC was the strongest scale to determine abused from non-abused children. The results were determined to be valid in their expected success of distinguishing children who were known to be sexually abused, emotionally disturbed but non-abused children, and normal kids. Van Hutton stated that more research should be done with a larger sample and to study possible differences in drawings from children who had been abused from those that had been sexually abused (1994).

In an attempt to repeat the original test and confirm or deny the reliability of the quantitative scoring system, Palmer et al. completed their study in 2000, training six different raters using Van Hutton's scoring system. This study compared the drawings of 47 children known to be sexually abused, ranging in age from 4 years 6 months to 17 years 5 months with 82 non-abused kids, ranging in age from 5 years 2 months to 13 years 9 months. The children in the two groups were roughly matched with respect to gender, ethnicity, age, and socio-economic status. The children were selected from a Newark, New Jersey's Children's Hospital programs for victims of sexual abuse. The control group consisted of siblings of these patients and children recruited from local churches. The children were asked to complete each of the H-T-P drawings on separate sheets of paper and were provided pencils as well as crayons. This study used a total of six examiners with two raters interpreting each drawing. In using Van Hutton's scoring system, the investigators found that the total scores could not be used as reliable determinants of sexual abuse. For each of the four scales, this study found the interrater reliability coefficient to

be less than .70, the highest scale being SRC at .604 (2000). These investigators determined that Van Hutton's scoring system was not reliable or valid based on their study.

In reviewing their results, Palmer et al. stated a few differences in their study that may need to be taken into consideration. First, there were a larger number of males in the comparison group than females; this group was also on average 1.5 years younger than the clinical sample and from higher income families. Finally, the control sample was comprised partially of siblings of children who were known to be abused. The possibility of siblings also having experienced sexual abuse, but not reporting it, was not taken into consideration (2000).

By comparing these two studies, there are some other significant differences that should be discussed. Primarily, Van Hutton's study administered both the H-T-P and the D-A-P to three groups of children with the score sheets being formatted by scales, with each scale containing questions relating to each of the drawings – the house, tree, and person. The study completed by Palmer et al. did not state that the children completed a D-A-P after the H-T-P. Although four pieces of paper were handed out to the children, the instructions were to draw a house, a tree, and a person. There is no indication that the children were instructed to draw another person on a separate sheet of paper after completing the first three pictures. This change in administration could have significant consequences on the findings of the Palmer et al.'s study. Van Hutton's scoring system is based on giving a point for each characteristic presented in the drawings, with the majority of items based on the person drawing. With a second person drawn in the Van Hutton study, there was more raw data (drawings) from which interpretations could be made. The more and larger the figures are drawn, the more ease and opportunity for scoring and the greater possibility for higher total scores.

Benefits of Using the H-T-P

Although Van Hutton's objective scoring system was found to be successful in a small study, it has yet to be successfully duplicated; therefore it can not be judged as reliable. This being the case, the H-T-P drawing test is comparable to the other projective drawing tests that lack validity and reliability to determine the probability of sexual abuse. If this test can not be used to determine whether a child has been sexually abused, how should it be used? Can it provide any valuable information about a child who a clinician suspects or knows to have been sexually abused?

The H-T-P may not be able to provide a proven method for distinguishing between children who have been abused and those who have not. But, it is an activity that can enhance the relationship and strengthen the trust between the child and the clinician. Because of the non-threatening and familiar nature of the activity, the H-T-P drawing test can be used as a beginning activity between child and clinician to break the ice and help the child to begin to recall events (Thomas & Jolley, 1998). Whereas a question/answer technique could intimidate the child and result in an inability or resistance towards verbal expression, drawing their own images on blank pieces of paper does not present the possibility of a "right" or "wrong" answer. A child will likely feel less guarded when they are doing this activity and may feel more comfortable in expressing themselves, verbally and artistically, when a safe and accepting environment is provided by the clinician (Veltman & Browne, 2002). If the child senses they can trust the clinician, they are more likely to speak openly and freely about their thoughts and feelings. The child who has been abused may still maintain their defenses, but the possibility for disclosure is much greater in a professional relationship where they do not feel threatened or pressured into discussing their secret. The H-T-P therefore may not be an immediate indicator of sexual abuse,

but rather one of the first steps in establishing a relationship between clinician and child in which the abuse can be discussed and processed.

The H-T-P has many logistical benefits. The level of stress in taking the H-T-P is low, the time needed to take the test is variable and determined by the child's engagement, and the materials are easy to attain and inexpensive. For this reason, repetition of the test throughout treatment can be easy. Allan & Clark suggested using the H-T-P test to help identify the major symbols or images to be focused on during therapy. During the subsequent sessions, the clinician asks the child to redraw the portion of the drawing they focused on in the original drawing, and afterwards discuss this new drawing. In this way, the drawings can be used as visual notes of the child's thoughts and feelings from session to session. This method suggests using the H-T-P not only as a beginning technique to initiate a professional relationship, but a way to help the clinician gain insight into the child's thoughts and feelings about a particular part of the drawing and invite the child to explore those same thoughts and feelings (1984). The final product can give suggestions or hints for the clinician to explore, but the drawing process and the conversations afterwards likely provide the best sources for reliable information about the child.

The H-T-P is widely used in clinical practice as a method for exposing the unconscious or hidden aspects of the person. Children who have been sexually abused often will hide this information either out of fear or as an attempt to cope with the events. The H-T-P is thought to be able to expose the child's secret through a non-threatening activity. However, the H-T-P, like many other projective drawing tests, lacks the reliability and validity required to deem it a sufficient source of proof that a child has been sexually abused. The H-T-P can provide some general indicators about the child's personality through the content and process of their drawings. But the most important aspect of the drawing technique is the opportunity for the child

to express themselves, build a relationship with the counselor, and begin to establish a relationship of trust with a professional that is conducive for disclosure and healing.

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